PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

- 1	1	()	1	10	.0
1	J	J	5	1	4

	. PLACE OF DEATH			
	county O'merses	L	Registration Dist. No. 2	.65
	Village or City Crust	ield	No. heso hestal live st.	Ward
	Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street accurate	d number)
	(h) a	deeth occurred 12 yrs,		
2	FULL NAME	ag Wywyd o o	If U. S. Veteran, specify WAR	
	(a) Residence: No.	(Watal place of abode)	St., Ward. If nonresident give city or town as	nd State
	PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sout 3	., 1936
5a.	If married, widowed, or divorced	1 0	(Molith) (Day)	(Year)
	HUSBAND of (or) WIFE of	& Underson	22. I HEREBY CERTIFY, Thet I ettende	d deceesed from
6 1	DATE OF BIRTH (month, dey, and year)	huil 8 1856		deeth is seid
	AGE Yeers Months	Days If LESS than	to heve occurred on the date stated above, at 2:150.m.	
	79 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	
z	8. Trade, profession, or perticuler	41122000	Carenorus of relkens	Date of onset
5	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	yourunougy	inte netastage	19 3202
UPA	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	it frome		
סטטס	10. Date deceased lest worked et this occupation (month end yeer)	11. Totel time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) (State or country)	and	Other Contributory Causes of Importence:	
E 20	13. NAME Grids	Sprivars		
ATH	14. BIRTHPLACE (city or town)	7	Name of operation	
la.	(Stete or country) +w	rlang,	Whet test confirmed diegnosis? Cleudal Was there as	autopsy? 20
빌	15. MAIDEN NAME Marga	not your	23. If deeth was due to external causes (VIOLENCE) fill in also the following	ng:
MOTHER	16. BIRTHPLACE (city or town)	· • • • • • • • • • • • • • • • • • • •	Accident, suicide, or homicide? Date of injury	, 19
-	(State or country) +1	ni wng	Where did injury occur? (Specify city or town, county and S	tate)
17.	INFORMANT POSE (Address)	istell and	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC I	PLACE.
18.	BURIAL CREMATION, OR REMOVAL	1 / It		
	Plece / Dany Um	Date Juff 5 , 1936	Nature of injury	
19.	UNDERTAKER DM 13	radotan	24. Wes disease or injury in eny wey releted to occupetion of deceased?	
20	FILED Solms 1934 L	e E balling Registrar	(Signed) 2 m. Perfore (Address) Chiefeld md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	,
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCI 2	July 5,1927	Peritonitis	3 days ago
KILLPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	infor-	state	UPA-
	of	plnods	1000
W.	item	sh	Jo
	very	ANS	nent

PERS	SONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIF
3. SEX 91	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR, DIVORCED write the word	
5a. If merried, HUSBAND (or) WIFE		one	22. I HEREBY CEI
6. DATE OF BI 7. AGE	RTH (month, day, and year) Years Months	Days If LESS that 1 day,	1 last saw halive on to have occurred on the data stated ebove,
	profession, or particular d of work done, es SPINNER, WYER, BODKKEEPER, etc y or business in which	Farming	were estations:
t it ma on bac on bac won bac won bac on beta d this	y or business in which k wes done, as SILK MILL, W MILL, BANK, etc	Forms 1 11. Total time (yeers) > spent in this occupation.	Drock proba
12. BIRTHPLAC	CE (city or town) Mari	ion	Other Contributory Courses of Importanca:
E 8 TA 14. BIRTHE	PLACE (city or town)	Festoru	Name of operation
ant. 15. MAIDE	Most	in Svift	What test confirmed diegnosis? 23. If deeth wes due to externel causes (VID Accident, suicide, or homicide?
TI. INFORMAN	ate or country) Buil	tingham	Where did injury occur? 2 Will (Specify whether injury occurred in INDUS)
E .E	EMATION, DR REMOVAL Lingslon Lim	Date Left 4, 19	Manner of injury Cary radio
CAUSE Placa IS Placa	ER DM 403	rollstow	24. Wes diseese or injury in eny way relate

1. PLACE OF DEATH

County & mursut

STATE OF MARYLAND—CERTIFICATE OF DEATH

(210-m)

Registration Dist. No. 260
No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) Ods. How long In U.S. if of foreign birth? yrs. mos. ds.
fam If U. S. Veteran, specify WAR
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Seft 2 (Day) (Yeer)
22. HEREBY CERTIFY, That I ettanded deceased from
, 19 , to , 19 , 19 , 19 , 19 ,
I last saw h, 19, death is said
to have occurred on the data stated ebova, et
The PRINCIPAL CAUSE OF DEATH and releted ceusas of importance were es follows:
tractured skull, internal
riquis,
Droit probable regton land
Other Contributory Causes of importanca: - Culti- Celification - C
Newsoftwareline
Name of operetion Date of What test confirmed diegnosis? Was there en autopsy?
23. If deeth wes due to externel causes (VIDLENCE) fill In elso the following: Accident, suicide, or homicide: 19.34
and I have the
(Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Manner of injury Car raboruta Culvert
Nature of injury
24. Wes disease or injury in any way related to occupation of deceased?
If so, specify 2
(Signed) M. D. M. D.
(Address) and the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	\ 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF MARYLAND-	-CERTIFICATE OF DEATH 09	517
1. PLACE OF DEATH	1 -	<u> </u>	
County	munt	Registration Dist. No.	260
Village or City	W. Cantwell	Prosinces Anne ma st, My	Wa
Length of residence in oity or town when		If death occurred in a horpital or institution, give its NAME instead of street and r sds How long In U.S. if of foreign birth?yrsm	
2. FULL NAME John	in Carland	O THE STATE OF THE	
(a) Residence: No.		St Ward.	
(2) 1100100 (1101)	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
mal While	5. SINGLE, MARRIED, WIDOWED, OR_DIVORCED (work the work)	21. DATE OF DEATH	, 193 (Year)
Ta. If married, widowed, or divorced, HUSBAND of (or) WIFE of	Contivell	22. I HEREBY CERTIFY, That I attended	deceased fro
5. DATE OF BIRTH (month, day, and year)	ula 29 ch 1864	I last saw h alive on	; death is sa
AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	4
72 1	1 day,hrs ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of ons
Trade, profession, or particular kind of work done, as SPINNER,		0	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	•••••••••••••••••••••••••••••••••••••••	Chrom myrendiles	
work was done, as SILK MILL, SAW MILL, BANK, elc.	anny		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town)		Other Cautowory Causes of Importance.	
(State or count (1)	garyland)		
13. NAME 14. BIRTHP(ACE (city or town)	montered		
14. BIRTHPLACE (city or town)		Name of operation	
(Stear of country)	· Holt	What test confirmed diagnosis?	u'opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	cavaci	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	nd. –	Accident, suicide, or homicide? Date of Injury	, 19
m/		Where did injury occur? (Specify city or town, county and State	:)
7. INFORMANT (Address)	1 (some one	Specify whelher injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	11 1 1 1 1 1 1	Manner of injury	
Place Hrunst	Ly Date Sens /6193	Nature of injury	
19, UNDERTAKER DM &	muth	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Pass	20011	If so, specify	
20, FILED 9/14 136	4 Janech	(Signed) / June 1	W
	Registrar.		1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deteased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and the same of	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis OCT 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1923	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	3 Gastroenteritis	1 year

B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	. No. 1		MARGIN RESERVED FOR BINDING	-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.	B	VRITE PLAINLY, W	ITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- TION is very important. See instructions on back of certificate.	m /	ation should be caref	ully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	
TION is very important. See instructions on back of certificate.	0	AUSE OF DEATH in	plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	T	ON is very importan	t. See instructions on back of certificate.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	DEATH Somerset			(131)		270
County Village or City	y Crisfiel			No. Mccready	Registration Di	Hospistal Ward
Length of reside	Bessi	e Churol	O_yrs,Omos		nstitution, give its NAME in it of foreign birth?	yrsds.
(a) Residence	e: No. Mario	(Usual place	of abode)	St., Ward.	If nonresident gi	ve city or town and State
PERSONA	L AND STATIST	CAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH
S. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DAVORCE WIO OW	RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	Seft _	9 193 6 (Year)
a. If married, widowed HUSBAND of (or) WIFE of	Alexa	ander Ch	urch	22. HERE	BY CERTIFY	That I attended deceased from
. DATE OF BIRTH (m			1891	1 lest saw h elive on	Sups 9	, 19 3 4; death is said
AGE Years	Months ?	Deys	If LESS then I day,hrs. ormin.	to have occurred on the date The PRINCIPAL CAUSE OF I were as follows:	DEATH end releted causes	of importance
9. Industry or bu work wes o SAW MILL, 10. Date deceased this occupe	rk doné, es SPINNER, BOOKKEEPER, etc usiness in which done, as SILK MILL, , BANK, etc	spe spe	ime (years)	Olimo In	Cecel Del 1 wylute	Divert Star
year)	or town) Mario	on	apation	Other Cuntributury Causes of		
(Stete or count)		uten .		Change of 2	ugluto	
14. BIRTHPLACE (city or town)	rion Md		Name of operation		
15. MAIDEN NAM	city or town)	a Horsey Marion		23. If death wes dua to externa Accident, suicide, or homicide	al causes (VIOLENCE) fill l	in also the following:
7. INFORMANT(Address)	Rebessa Mari	Dashiel		Whera did injury occur? Specify whether Injury occurr	(Specify city or to	wa, county and State) E, or in PUBLIC PLACE.
8. BURIAL, CREMATIC	on, or removal	Date Ser	t 13, 19 36	Manner of injury		
19. UNDERTAKER(Address)	mal Ira	doha	ye.	24. Was diseese or injury In a	ny way ralated to occupeti	ion of deceased?
20. FILED	12 193 C	Blan	Registrar.	(Signed) Surger	maun fl	m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT	July 5, 1927	Peritonitis	3 days ago
THE REAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09518
1. PLACE OF DEATH	(3)
County Homersel	Registration Dist, No. 2 6 3
Village or City Crisfield	NoSt., Ward
Length of residence in city or town where deeth occurred yes	death occurred in a hospital or institution, give its NAME instead of street and number)
2 FILL NAME William & Toubland	
(a) Posidones No	9 If U. S. Veteran, specify WAR
(a) Residence: No. //// (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Married Married	21. DATE OF DEATH Left 20 th, 193 (year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of And Grace Daugherly	27 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and 1 51 1866	I last saw h alive on Sept 20 ,1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1130 Hm.
70 3° /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as I ollows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Handware Merchant	asul Del 7 Hust
	General arterio-selerosisto Reg 10
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	alling.
10. Date deceased last worked at this occupation (month end year)	Chronics interatitial nephritis Cuto R. Duration five years.
12. BIRTHPLACE (city or town) A	Other Contributory Causes of Importance:
(State or country) Romeises Cou Itali	Clum manueles 971
13. NAME B. Frank Daugherly	Claus Ourletuts
14. BIRTHPLACE (city or town) A A DA	Name of operation
(State or country) Lomese a, Va	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Jr. Daughery.	23. If deeth was due to external causes (VIOLENCE) fill in elso the Iollowing:
16. BIRTHPLACE (chty or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Allas Mery Daughery (Address) Chistield May	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Hamly lof criefied Dete Suffy 22 11, 1936	Manner ol injury
19. UNDERTAKER L. Lawson & San (Address) Circles, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Seph 21, 1936 Blocking Registrar.	(Signed) Dungs College M. D. (Address) M. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example-I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1960	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Cerebral hemorrhage		mistry of the constraint		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		- Car There is the section of the section		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEAT

	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
4	RECO	. PH	Exact	
MARGIN RESERVED FOR BINDING	A PERMANENT	ated EXACTLY	operly classified.	tificate.
VED F	-THIS IS	uld be sta	lay be pr	ick of cer
RESER	NG INK-	AGE shot	that it m	ions on ba
MARGIN	UNFADI	upplied.	terms, so	e instructi
	WITH,	refully a	in plair	tant. Se
. No. 1	B.—WRITE PLAINLY,	mation should be cal	CAUSE OF DEATH	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	TEND—CERTIFICATE OF DEATH
County Somerset	Registration Dist. No. 275
crisfield	2 1 1 1 1 1 1 1 1 1
Village or City 63 1	No. St., Ward (If death specured in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wilmer Washington Hic	kman If U. S. Veteran, specify WAR
(a) Residence: No. Farm near Crisfiel	d St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
M W OR DIVORCED (garite tha	(Month) (Day) (Year)
5a. If married, widowed, or divorcad	(mount) (bay) (real)
HUSBAND of (or) WIFE of Alice May Massey	1 HEREBY CERTIFY, That I attanded deceased from
Ana 5 3000	1906, to 40, 1906
6. DATE OF BIRTH (month, day, and year) Aug 5 1873	I last saw handle aliva on day 19 35; death is said
D 2	S than to have occurred on the data stated above, at 2.25.4.m.
or	
8. Trada, profession, or particular Laborer	Meura, Cumbani
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	acul by r Hend
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data decassad last worked at this occupation (month and yaar) yaar) occupation	?
Near Crisfield	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	Classic Out neglands may
To be to The law are	Clima nyoudelin
13. NAME JOHN W HICKMAN	
4 14. BIRTHPLACE (city or town)	Name of operation
(State or country) Hester Miles	What test confirmed diagnosis? Was thera an autopsy?
15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
≥ (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Marion Ross (Address) Crisfield Md	Spacify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Placa Mariners Cem Data Sept 20	, 19 56 Nature of injury
19. UNDERTAKER JOHN algradshaw (Addrass) Crustield Ma	24. Was disaase or injury in any way related to occupation of dacaasad?
20. FILED Selver 9550 le 8 level	(Signad) George & Coullinson M. D.
Reg	(Addrass) many med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II			
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy			
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage OCT 5 1830	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND-CERTIFICATE OF DEATH

	OF DEATH Somerset			194			7,-
County	aniat	ield.		whearnow	Memorial	n Dist. No. 2	
Village or Length of r	r City Cartown where	2	3 yrs O (lf	death accurred in a hospital o		ME instead of street an	d number)
2. FULL N	AME Freder	ick N H	bre F Fo	730			
		Street		St., Ward.	teran, specify WAR_		
		(Usual place				nt give city or town a	nd State
	DNAL AND STATIST				AL CERTIFICAT	E OF DEATH	
3. SEX M	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEA	(Month)		, 193 6 (Yeer)
5a. If married, wid HUSBAND of (or) WIFE of	dowed, or divorced Dori	s M Hol	land	22. SIHER	•	F & Thet attende	
6. DATE OF BIRT	'H (month, day, and yeer)	Aug 19	1913	1 lest saw barran alive	1 14 1		6; deeth Is sein
7. AGE 23	Years Months	Days 23	If LESS then 1 dey,hrs. ormin.	to heve occurred on the de The PRINCIPAL CAUSE O were as follows:			
8. trade, pro	ofession, or particular of work done, es SPINNER, /ER, BDOKKEEPER, etc	Tr	ucking		Die of 14	ent	Date of onset
Work SAW	or business in which was done, as SILK MILL, MILL, BANK, etc	Attomo	bile				
- 1113 01	eased last worked at ccupetion (month end Se	pu sp	time (years) ent in this cupation				
12. BIRTHPLACE (State or o		sfield	A	Other Contributory Canses	- Cellul	tra	2 146
I3. NAME	Frederick	1		1 toto		~~~~~~~~~~~~~~~~~	44183
Ŧ.	0	risfick			al.		
14. BIRTHPLA	ACE (city or town)	TISTICE	Md	Neme of operation 224 What test confirmed diagno	0	Dete of	
		Sterlin					
16. BIRTHPLA	ACE (city or town)		field	23. If deeth wes due to externel causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?			
17. INFORMANT	John H	olland	field wad	Specify whether injury occ	(Specify city		State) PLACE.
(Address) 18. BURIAL, CREM	MATIDN, DR REMOVAL		144	area from			
Plece	The state of the s	Date Se	pt 13, 19 36	Menner of Injury			
19. UNDERTAKER (Address)	John al	Brad	show	24. Wes diseese or injury in		supation of deceased?.	١٠٥
20. FILED. Ser	Mr. 13, 1936	686	alling.	(Signed) (Address)	ranens 6	rellens	«•M. Е

V. S. No. 1

. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

of certificate.

See instructions on back

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT

AGE should be

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mation should be carefully

-WRITE PLAI

N. B.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset		
Arteriosclerosis TOECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage OCT 5 1930	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			1		

1. PLACE OF DEATH	<u> </u>
County Someret	Registration Dist. No. 2-65-
Village or City Cycle of	No. Puffs, Ware feath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foraign birth?yrsmosd
2. FULL NAME Evaly Laultford	If U. S. Veteran, specify WAR
(a) Residence: No. Papul (Usualplace of abod)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Tomale 4. COLOR OR RACE OR DIVORCED (write the word) Suight	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 3, 1936	I last saw h elive on 19 19 19 ; death is sai
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date statad above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware, as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which	Custor Oil - From Pate of Onde - 9/2/
work was dona, as SILK MILL, Lot a SAW MILL, BANK, etc	gedifi -
o this occupation (month and spont in this occupation the spont in the	Othar Contributory Causes of Importance:
(State or country)	
I 13. NAME down Still	
13. NAME Jour Spile 14. BIRTHPLACE (city or town) Orifield my (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Lucette Sarphord 16. BIRTHPLACE (city or town) Confeel Color (State or country)	23. If daath was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sweller Faifford (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Assemble Date 9/3 , 1935	Manner of Injury
19. UNDERTAKER Jonn Islem (Address)	24. Was disaesa or injury in any way related to occupation of deceased?
20. FILED Som 3, 1956 lo Elealle Registrat	(Signed) W. M. M. M. M. (Address) 609 W. M. Hory Cruscol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRITE PLAI

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
NURTALL V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL		T. OIL	T. O. L. P. HILLIE	DIT LET THE THE THE TAN	10 1	T TT T DIT CATAL

PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING properly classified.

4. S. No. 1

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

1. PLACE O	F DEATH						
County	Somerset			Registration Dist. No. 270			
Village or (CityCrisfield	death occurred	(li yrsmos	No McCready Hospital St., War death occurred in a hospital or institution, give its NAME instead of atreet and number) ds. How long in U.S. if of foreign birth? yrs. mos. d			
2. FULL NA	ME	Milbourn					
	nce: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State			
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH			
B. SEX	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Sep t. 18 (Month) (Day) (Year)			
ia. If marriad, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from Sept. 14. 1936, to Sept. 14. 1936			
			to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)				Other Contributory Causes of Importance:			
(State or cou	L. Jerome Mi	lbourn					
	E (city or town) Cr r country)	isfield		Name of operation Data of What test confirmed diagnosis? When the same autopsy? Was there are autopsy? What test confirmed diagnosis?			
15. MAIDEN NA	ME Grace Tyl	er		23. If death was due to external causes (VIOL ENCE) fill in also the following:			
(State or	E (city or town)	•		25. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
	TION, OR REMOVAL	Date	, 19	Manner of injury			
(Address)				24. Was disease or injury in any way related to occupation of deceased?			
20. FILED	, 19 2)6 D	TF"/30/36	Registrar.	(Signed) S-Ma. Part Toh. M. (Address) Crisfield, Md.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance	(80	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

MARGIN RESERVED FOR BINDING mation should be carefully supplied. N. B.—WRITE PLAINLY,

1. PLACE OF DEATH County Joynes 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09522
Village of City. It was a way to be a secured in a horpisal or institution, give in NAME inseed of street and numbers the street and numbers to death occurred. 2. FULL NAME WAY (a) Residence: No. When the Way hor the Wa		
Village of City. It was a way to be a secured in a horpisal or institution, give in NAME inseed of street and numbers the street and numbers to death occurred. 2. FULL NAME WAY (a) Residence: No. When the Way hor the Wa	County Somersel	Registration Dist. No. 264
Langth of residence in city or town where death occurred in a horpital or institution, give in NAME instead of street and numbers of the Name of the N	Village or City A rawmount	NoStWard
2. FULL NAME (a) Residence: No. Applicated Many (Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS 3. SEXT. 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED (Or) Wife of Or) 5. HI married, widowed, or divorced (Or) Wife of Or) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular wind of work downs and state of the second or divorced (Or) Wife of Or) 8. Trade, profession, or particular wind of work downs as SHINER, Months, and the profession of particular wind of work downs as SHINER, Months, and the profession of particular wind of work downs as SHINER, Months, and the profession of particular wind of work downs as SHINER, Months, and the profession of particular wind of work downs as SHINER, will be a seen in which of the properties of the second of the date attend above, et. D.A	(If	
(a) Residence: No	Length of residence in city or town where death occurredyrs,mos	us, now long in 0.5. if of loreign with:ysysnosnosnosnosnosnosnos
PERSONAL AND STATISTICAL PARTICULARS 1. SET COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OBPHYORED (grist the word) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) So. It married, widowed, or divorced (Wusph) Color of (Creen) Socuption (Months end seated above, et.,)	2. FULL NAME PROGRE	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. II Married, widowed, or divinced by Divide the word of t	(a) Residence: No. Alfred (University of shorts)	
3. SEX. J. L. COLOR OF RACE SUNDIVINCED (Sine the world) 3. S. H. MILLO BARK, 100 ON THE OF DEATH SUNDIVINCED (Sine the world) 4. COLOR OF RACE SUNDIVINCED (Sine the world) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 9. Language of the world		
58. Il married, widowed, or divorced (cor) wife of Cory of Cory wife o	3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A LA-
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SawYer, Bookkepper, etc. 9. Industry or business in which work done, as SPINNER, SAWYRE, BOOKKEPPER, etc. 9. Industry or business in which was done, as SILK MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) apant in this occupation (month end year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or t	6 1 1 Lany, 12 tree	
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17. INFORMANT # Ned More! 18. BURIAL, CREMATION, OR REMOVE! 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Delt 17, 1936 J. & Dieterman Registrar. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. If so, specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (State of Control of C	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
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Plece_Affire Hill _Date_Deft18, 193.6_ Nature of injury	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Had Moore (acting 24. Was disease or injury in eny way related to occupation of deceased? (Address) Upper Hill I so, specify (Signed) (Signed) (Signed) (Signed) (Address) Upper Hawmount Page (Address) Upper Hawmount	18. BURIAL, CREMATION, OR RENOVAL 10 10 10	Manner of Injury
20. FILED Deft 17, 1936 J. E. Dietman Registrat. 15 so, specify C. Dietman (Signed). J. C. Dietman Park (Address) Upper Favrmount	Place Myser Hill Date Sept 18, 1936	Nature of injury
20. FILED Dell 17, 1936 J. E. Diekinson (Signed). J. C. Diekinson programment (Address). While Hawmount	7/1 / 41 0/1	
	20. FILED Dept 17, 1936 y & Dickman	(Signed) J. C. Alekunson pag

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 neek ago
Cerebral hemorrhage OCT 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	1 [
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 09523
County Somerset	Registration Dist. No.26
Village or City Venton	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) isds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Henry Phoebus (a) Residence: No.	• St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Solf 26
Male while married	(Monty) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Phoebus	22. IFFEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw h elive on 19 death if said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
3 - k 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Rybable Grelral
9 Industry or husiness in which	Contract of the second
work was done, as SILK MILL, SAW MILL, BANK, etc	· ·
10. Date deceased lest worked at this occupation (month and spear) speat in this occupation occupation	
Mente	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	orgalia Junguly
	- arenally cleuse,
13. NAME asbury Phoebus 14. BIRTHPLACE (city or town) Venton	Name of operation 2 Case Date of
(State or country)	What test confirmed diagnosis? Healer Westhere an eutopsy?
15. MAIDEN NAME Elmora Webester,	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Elyona Webster 16. BIRTHPLACE (city or town) Deal of sland.	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANT Clara Thomas	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE.
(Address) Champ md.	20
18. BURIAL, CREMATION, OR REMOVAL Place Monis Church Date List 28, 19.3.	Manner of Injury
10 10 10 10	rature of injury
19. UNDERTAKER Wale & ashill	24. Was disease or injury In any way related to occupation of deceased?
(Address) Principle and	If so, specify
20. FILEDS 1906 2 10. Jone [1	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Gomersel		Registration Dist. No. 260
Village or City Princes	a anne.	NoSt.,Ward
Length of residence in city or town when	(I) the death occurred over th	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mary	Parolo	
	I own	St. Ward.
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
Se. If merried, widowed or divorced	10	22. I HEREBY CERTIFY, Thet I ettended decessed from
(or) WIFE of Rufus	Towell	
5. DATE OF BIRTH (month, day, end yeer)	ine 10, 1863	l iest saw h elive on, 19; death is said
7. AGE Years Months	Days If LESS then 1 dayhrs.	to have occurred on the dete stated above, etm.
83 30	7 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows: Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	House work	
9. Industry or business in which		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	1 =	The admise trulling
10. Date deceased last worked et this occupation (month and yeer)	11. Totel time (yeers) spent in this occupetion	Chronis ony ventilled
K	aton so	Other Contributory Causes of Importence:
(Stete or country)	set co	-
	muel farren	
13. NAME Ahr Sa 14. BIRTHPLACE (city or town)	The same of the sa	Neme of operation Dete of
(Stete of Country)	merst Co. 1	Whet test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME		23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	nknown	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	3 - 16	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles (Address) Lalishury	maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL /	uncers and mode	Manner of injury
TURANDO LARGO CUENTO	Dete 34. / 5/, 19. 3	Nature of Injury
Plece Presenterion Cot. 1	0 11	
19. UNDERTAKER Dake Das	Riell	24. Wes disease or initity in any wey releted to occupetion of deceased?
10.6 10	hell may	24. Wes diseese or initivin any wey releted to occupetion of deceesed? If so, specify (Signed)

MARGIN RESERVED FOR BINDING

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage Date of onset of importance were	1 week
Chronic interstitial nephritis CEIVFD 1921 Run over by street ca Cerebral hemorrhage RECEIVFD 7uly 5,1927 Peritonitis	
Cerebral hemorrhage REC July 5,1927 Peritonitis	r 1 week
	12 00000
OCT 6 1036	3 days
Other contributory causes of importance: Other contributory	y causes of importance:
Gallstones May 1,1923 Gastroenteritis	1 yea

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 4 4036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09526

1. PLACE OF DEATH	82-0
County Somerset	Registration Dist. No. 264
Village or City Fairmount Length of residence in city or town where death occurred 64 yrs.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) _mosds. How long In U.S. if of foraign birth?mosds.
2. FULL NAME John W Spriggs	If U. S. Veteran, specify WAR
(a) Residence: No. Fairmount (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W 5. SINGLE, MARRIED, WfDOWEI OR DIVORCED (write the word Widowed	21. DATE OF DEATH (Day) (Vair)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Emily Frances Spriggs	22. I HEREBY CERTIFY. That I attanded deceased from Sept. 27,193 Fto. Sept. 25, 19.36
6. DATE OF BIRTH (month, day, and yaar) Nov 17 1850 7. AGE Years Months Days If LESS the	I last saw h_1 alive on
85 10 11 or min.	THE INDIVITAL CAUSE OF DEATH AND I did to Causas of Infibultation
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Corevine permissing 4/30
10. Date dacaasad last workad at this occupation (month and yaar) 1920 11. Total time (yaars) 5 spent in this occupation 6	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) ?? (State or country)	Junealized asterial keep
13. NAME Bailey George Spriggs	
14. BIRTHPLACE (city or town) ??	Nama of operation Date of What test confirmed diagnosis?
Emily Jane George	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Emily Jane George 16. BIRTHPLACE (city or town) (State or country) Va	Accidant, suicida, or homicide?
17. INFORMANT John E Spriggs (Address) Ewell Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or a PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Fairmount Cem Data Sept 30, 19	Manner of injury Nature of injury
19. UNDERTAKER AM MANAGEMENT AND	24. Was disaase or injury In any way related to occupation of deceased?
20. FILED Sept 36, 1936 G. Diekinson	(Signad) M. D.

V. S. No. 1

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINEY B ż

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

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R Example I V E D		Example II	
The principal cause of death and related causes of importance were as follows: 5 1036 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis REALLY	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLA

SENT

O. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

no ansere

STATE	OF	MARYL	AND-CER	TIFICATE	. OF	DEATH

0	1	3	7,	Α.
7	6	17	16	2

1	. PLACE C	DE DEATH				
	,				Registration Dist. No. 265	
					No. McCready Memorial Hospital St, death occurred in a hospital or institution, give its NAME instead of street and nun ds. How long In U. S. if of foreign birth? yrs. mos.	
2					If U. S. Veteran, specify WAR	
	(a) Reside	ence: No.	(I lovel place	(- h - d -)	St., Ward. If nonresident give city or town and St.	
-		NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	ite
3. 9	SEX	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	936 (Year)
5a.	If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, That I attended dec	ceased from
		0		054	, 19, to	
		I (month, day, and year) S ears Months	Days	If LESS than	I last saw h aliva on	leath is said
		0 1 0	0	l dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of onset
OCCUPATION	kind of SAWYE 9. Industry or work w	fession, or particular work done, as SPINNER, R, BDDKKEEPER, etc business in which as dona, as SILK MILL,	ront		Ines. embryo	
1000	1D. Data decea	ILL, BANK, etcsed last worked at cupation (month and	spi	time (years) ent in this cupation	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town) Cris	field, Md	9	Other Countries Causes of Importance.	
ER		Marion Stacey				
FATHER		CE (city or town)Bri		e	Nama of operation Date of	
		or country)	Md.		What test confirmed diagnosis? Was there an auto	psy?
MOTHER	16. BIRTHPLAC	CE (city or town)		Md.	23. If death was due to extarnal causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicida?	., 19
	(Address)	Cris feeld		leave	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	Place	ATION, OR REMOVAL	Date	, 19	Manner of injury	
19.	UNDERTAKER _ (Address)				24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED	, 19	VALETO >	Registrar.	(Signed) A Least Tort Tort (Address) Carlot Street, Baltimore, Requesting U. S. No. 1.	M. D

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principa of importance	Date of onset	
Arteriosclerosis	1915	Attack of epile	psy	1 week ago
Chronic interstitial nephritis	1921	Run over by sta	reet car DEC 15 1936	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis		3 days ago
			BUSHAF V.E.	
Other contributory causes of importance:		Other contril	outory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
A THE STATE OF THE				
The second secon				

PHYSICIANS

should state of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(40)
County Somerset Crisfield	Registration Dist. No. 278
Village or City	No. McCready Memorial Haspitalward
Length of residence in city or town where death occurred 30 yrs 7	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Willis Stacey	If U. S. Veteran, specify WAR
(a) Residence: Np. Crisfield (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MATTICAL	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Jan 22 1905	1 last saw h 22 alive on 21 4 , 1936; death is sain
7. AGE Years Months Oays If LESS that 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Sept 11. Total time (years) this occupation (month and sept) seen to this seen to this control of the seen to the seen t	Septe aborded faller Onto of onest
10. Date deceased last worked at this occupation (month and year) year) 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year)	
Crisfield	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) MG (State or country)	
تا اع. NAME Jackson Bradshaw	
Deals Island 14. BIRTHPLACE (city or town) (State or country)	Name of operation Cusellage Oate of Sept. 4. What test confirmed diagnosis for will rough full was there an adopsy? 49.
15. MAIDEN NAME Sadle Tull Crisfield 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Mrs Sadie Bradshaw (Address) Crisfield Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL	Manner of Injury
19. UNDERTAKER AM Marada fare, (Address) Crustilla gra	24. Was disease or injury in any way related to occupation of deceased? 150
20. FILED SAME 1836 & Elanling Registrar.	(Signed) S.M. Parform M. (Address) Cris Leld, Vad

V. S. No. 1

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Chronic interstitial nephritis CEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
0. 5 1930			
- V C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

09528

1. PLACE OF DEATH		3	
County S		Registration Dist. No. 2	70
Village or City	Qd/	No.	. Ward
Length of residence In city or town where death		death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME	eleny	If U.S. Veteran specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	н
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I atter	***************************************
6. DATE OF BIRTH (month, day, and year)	9111836	I last saw h & ative on least 1 , 193	(, 19)6
7. AGE P Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and	Sill Bour	Date of other
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) no Cos	at Hostle	Other Contributory Causes of importance:	
1 (20) 20/100	Terling		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Extend	Name of operation and Date What test confirmed diagnosis? Was there	
15. MAIDEN NAME	600	23. If death was due to external causes (VIOLENCE) fill in also the folion Accident, suicide, or homicide? Date of injury	owing:
17. INFORMANT Colie for	12 Galing	Where did injury occur? (Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLI	d State)
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place. (Assumption of the control o	John 12, 1936	Manner of Injury	
19. UNDERTAKER Phylips & Thys (Address) Carlield me	Ling	24. Was disease or injury in any way related to occupation of deceased	1?
20. FILED Selver 19, 19 fact 36	6 E leveling. Registrar.	(Signed) (Address) (Address)	M. D.

N. B.—WRITE PLAI

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIO	NAL SPACE	FOR FURTHER	STATEMENTS	S BY PHYSICIA	AN
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of OCCUPA-

Exact statement

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

of certificate.

See instructions on back

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH				7	93-0	1
	County Somer					Registration Dist. No. 200	7
	Village or City	ral	rmount			NoSt.,	Ward
	Length of residence in city or	r town where d	eat About	59 _{rs.} ?	mos.	death occurred in a hospital or institution, give its NAME instead of street and nu- ds. How long In U.S. if of foreign birth?mos	
2	. FULL NAME		al A Wal	ston (Farm		If U. S. Veleran, specify WAR	********
	(a) Residence: No.	Laii	mount (Usual place of		L)	St., Ward. If nonresident give city or town and S	tate
-	PERSONAL AND	STATISTI			0 1	MEDICAL CERTIFICATE OF DEATH	and a
3, 5	SEX 4. COLOR O		5. SINGLE, MARK	HED, WIDOWE	D,	21. DATE OF DEATH	
	F W	3-10	OR DIVORCED Widow	(write the wo	rd)	(Month) (Oay)	193 (Year)
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of	_	Walsto	n		24 I HEREBY CERTIFY, That I attended do	ceased from
6 1	DATE OF BIRTH (mo MOIN th	a. & da	v unkno	wn 18	50	I last saw h. C. T. alive on Selet. 29 18 4.	death is said
7. 1		Months	Days	If LESS ti		to have occurred on the date stated above, av-1300 m.	
	About 77			I day,		The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NO	8. Trade, profession, or partice kind of work done, as S SAWYER, BOOKKEEPER,	utar PINNER,	House	sewife		Jeageralyed, articiel	Oate of onset
OCCUPATION	9. Industry or business in wh work was done, as SILK SAW MILL, BANK, etc	ich MILL.		201110		Colleges.	To the second
000	10. Date deceased last worked this occupation (month a year)	at 7 O'Z		me (years) t in this pation			· {
12.	BIRTHPLACE (city or town) (State or country)	Ru	mbly Md			Other Contributory Causes of Importance:	Mulu
ER	13. NAME Edwar	rd Diz	e				
FATHER	14. BIRTHPLACE (city or town) (State or country)		Somers Md	et Cou	nty		4101
2		Fannie	A Tyle	r		What test confirmed diagnosis? Was there an au 23. If death was due to external causes (VIOLENCE) fill in also the following:	ops
MOTHER		Somo	rset 60			Accident, suicide, or homicide?	19
M	16. BIRTHPLACE (city or town) (State or country)		M			Where did injury occur?	,
17.	INFORMANT Mrs		Walsto	n i rmoun	+ 7	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18.	BURIAL, CREMATION, OR REMO		pher ra	LIMOUN	U IV	Manner of injury	
	PlaceFairmount	cemet	temy SOc	t 2 ,19	19	S Gature of injury	
19.	UNOERTAKER AND	as	Brade	stan	<i>~</i>	24. Was disease or injury in any way related to occupation of deceased tf so, specify	2/
20.	FILED SEPERT 30, 193	6 31.	Estie	Rins	on.	(Signed) 16 Miles (Signed) (Address)	San. D.
		If mare	blanks are needed, a	ddress State Res	istrar,	2411 N. Charles Street, Jallimore, Requesting U. S. No. 1.	641

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	. (i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		THE REPORT OF A VIEW		

AGE should be stated EXACTLY.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	92:0
County Joneset,	Registration Dist. No. 264
Village or City Mana Jour	No. John St., Ward
1150 1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred Tyrs mo	s. O ds. How long in U.S. If of foreign birth? yrs, mos. ds.
2. FULL NAME TOUNCE, Healine	lf U. S. Veteran, specify WAR
(a) Residence: No. Alanokin	/ St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
O OR DIVORCED (write the word)	DEDT 195
5a. If marriad, widowad, or divorced	(Month) (Oey) (Year)
HUSBAND OF Harvey Heatherly	22 Jel I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and pair)	I last saw h & elive on Sept / 1926; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
02 1 day,hrs.	the Rincipal CAUSE OF DEATH end telated causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Houseworks	- M
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Mutral Steart Neslase
O TO Date deceased last worked at 11. Total time (years)	
this occupation (month end / 93) spent in this occupation	
12. BIRTHPLACE (city or town) Somerant hunty	Other Contributory Canees of Importanca:
(State or country)	
13. NAME Unknown	
13. NAME WARNOWN 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Thy sucal Was there en eutopsy? Ho
15. MAIDEN NAME Jorgh alley	23. If death was dua to external causes (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME Jorgh Cillery 16. BIRTHPLACE (city or town) Jonnes Country	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Tawa Hawing of alisty mg	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place 11 1 19 1 1 1 1 2, 19 3	Nature of injury
19. UNDERTAKER AM I Block tary (Address)	24. Was disease or injury In any way related to occupation of deceased? 16 If so, specify
20 EURO Deht 46 1021 Re & Dia Dinson	(Signed) (5) Journey, M. O.
20. FILEO 7 7 , 19 16 73 6 N PETERSON. Registrar.	(Addrass) Dalis Lury, Md.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 5 1930	1 1 1		
Other contributory causes of importance! V. S		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1 N. B.

STATE	OF	MARYI	AND-	-CERTIF	ICATE	OF	DEATH
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0953	1)	0	U	V	

1. PLACE OF DEATH	
County Soulist	Registration Dist. No. 268
Village or City_DEALS_ISLAND, MD	NoSt.,Ward
A A	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME COMMA B. W.	laster
	Ct. Word
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Pear)
5a. If married, widowed, or divorced HUSBAND of	22. OI HEREBY CERTIFY That Attended deceased from
(or) WIFE of Soction Section	SCR1 27, 1934 Nep 28, 19/34
6. DATE OF BIRTH (month, day, and year) 1873	I last saw h/u alive on Of A 7 1936; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
4/29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER	Show of Paralyer
kind of work dona, as SPINNER, Sea Hod dlaw. SAWYER, BOOKKEEPER, atc. Sea Hod dlaw. 1. Industry or business in which	BO JOSH > A
work was done, as SILK MILL, SAW MILL, BANK, etc.	10 Cotto U 2011 Fu / slave
kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation	
12. BIRTHPLACE (city or town) DEALS ISLAND, MD.	Other Contributory Causes of Importance
(State or country)	The state of the s
# 13. NAME FORLY WELL	following a former aux
14. BIRTHPLACE (city or town) DEALS ISLAND, MD.	Neme of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) DEALS/ISLAND, MD.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) DEALS/ISLAND, MD.	Accident, sulcide, or homicide? Data of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (O OLLEY Ve Index (Address) DEALS ISLAND, MD.	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Delas Island Data Data 29, 1936	Manner of injury
19. UNDERTAKER SUMMENTED	24. Was disease or injury in any way related to occupation of deceased?
(Address) DEALS ISLAND, MD.	If so, specify
20. FILED 41.9, 1936 Rom Weller Registrar.	(Signed) (C. S. J. CHANCE, M.D. M.D.
	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1185			
V CCT 6	11		
Other contributory causes of importance: V.		Other contributory causes of importance:	
Gallstones BUREAU	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR 1	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of of mation should be carefully supplied. TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(31)
County Somewel	Registration Dist. No.
Village or City Marion	No. St., Ward
Length of residence In city or town where death occurred 56 yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?yrsmosds.
1:44 0 4 1 4	, · * * -
2. FULL NAME dellan & dward V	Mushington
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI	
Mala no side OR DIVORCED (write)	he word) Left. 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of J	22. HEREBY CERTIFY, That t attended deceased from
myse Whiting is	(left 1 , 1931, to 847/8 , 1934
6. DATE OF BIRTH (month, day, and year) 6cf / -1880	I last saw h alive on
	ESS than to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc	Icul Del 18 med 18 50
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	numica I
10. Date deceased last worked at 11. Total time (year	Chronice interstition neghritis. Culf. R.
this occupation (month and 1936 spant in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Make (State or country)	nd Clans morandels
13. NAME Petter LA Little Total	
The state of the s	General arterio-acterosis
(State or country)	Name of operation
15. MAIDEN NAME A Plie Oxume A	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
The state of the s	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
in the Direct of	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W Flat Clay 6 of loss (Address) Marion 811 mg	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Warter chaple Date Def 1 20	Nature of injury
De 411-01 d	110(010 01 11)(01)
19. UNDERTAKER TO A THE LOCATION (Address) In agreement to the control of the con	24. Was disease or injury in any way related to occupation of deceased?
9/10 2/9	of If so, specify Single Could M. D.
20. FILED 1938 Jerrelia 10, Va	Registrar. (Address) Organ Land
106 to Total Villa	Design N. Challe Co., Philipp. D., Cl. N.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	· ~ [7
Gallstones	May 1,1923	Gastroenteritis	1 year
			2

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

of OCCUPA-

Exact statement

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TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	J	U	0	15

1. PLACE OF DEATH	120
County omerset	Registration Dist. No. 260
Village or City Princess arme Ind	NoSt., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Catherine	Vilson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH terribes 27, 193. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wilson	22. GIHEREBY CERTIFY That t attended deceased from
6. DATE OF BIRTH (month, day, and year) March 13 1867	I last saw h alive on 9/2 7, 19.36; death is said
7. AGE Years Months Days If LESS than I day,hi	THE PRINCIPAL CAUSE OF DEATH and felated causes of importance
S Trade profession or particular	Date of office
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	acute Dilitation of Heart
11. Total time (years) this occupation (month end year) year) SAW MILL, BAIN, etc. 11. Total time (years) spent in this occupation 25 3	/ha
12. BIRTHPLACE (city or town) Oriole (State or country) and	Other Coutributory Causes of Importance:
1 2 2 2 1	
13. NAME Wesley C. Nutter 14. BIRTHPLACE (city or town) Secretary (State or country) Delsware.	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Mary and Lawerene 16. BIRTHPLACE (city or town) Onice (State or country)	Accident, suicide, or homicide?
17. INFORMANT Oscar E. Wilson (Address) Princess ame Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Process Come Induate Sept 27, 19	Manner of injury
19. UNDERTAKER Dale Dashiell (Address) Princess Come ma	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED 9-28, 19 36 J Duith	(Signed) Catheren 4 Jashen M. D. (Address) Leave M. D.

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10.—The month and year the deceased last worked at the occupation.

11.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	71	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1036	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
100.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

09534

1. PLACE OF DEATH	1		<u>(31)</u>	. 1 .
County Someway			Registration Dist. No	61
Village or City Ange	tou ?	no	NoSt.,	Ward
Length of rasidence in city or town where d	eath occurred 3		death occurred in a hospital or institution, give its NAME, instead of street andds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME E mm	ia los	so	If U. S. Veteran, specify WAR	,
(a) Residence: No.	(Usual place	mol abode)	St., Ward. If nonresident give city or town and	l State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Col.		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 28 (Month) (Oay)	., 193 6 (Yaar)
5a. If marriad, widowed or divorced HUSBANO of (or) WIFE of	nise		22. I HEREBY CERTIFY, That I attanded	daceased from
6. DATE OF BIRTH (month, day, and year)	of sun	~-	I last saw h lee alive on & ft 26 1936	; death is said
7. AGE Yaars Months	Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			General debelity	84243
SAW MILL, BANK, etc.		h.		
10. Date deceased last worked at this occupation (month and / 9 3 4 year)	spei	ime (yaars) nt in this see 4/2 upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stata or country)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Close Sut repulse	2-12
I 13. NAME not know	7			
13. NAME PLAT PLANT 14. BIRTHPLACE (city or town)			Name of operation Date of	
(State or country)			What test confirmad diagnosis? Was thara an	
15. MAIOEN NAME not been 16. BIRTHPLACE (city or town) Not (Stata or country) 17. INFORMANT Pra Tare	Jenn-		23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place	Date 9	1/30,136	Manner of injuryNalure of injury	
19. UNDERTAKER (Address)	lelshi	ware of Mil	24. Was disaasa or injury In any way ralatad to occupation of dacaasad?	
20. FILED 9/30 , 193 (Que	rolen !	Admin de Registrar.	(Addrass) more mo	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of of importance were as	death and related causes follower CEIVED	11	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephr	7 7 600	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 5 1930	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE !	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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